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## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	1177-11CIPII (24149-10CIP2)
First Inventor	Eilaz Babaev
Title	ULTRASONIC METHOD AND DEVICE FOR WOUND TREATMENT
Express Mail Label No.	EL983568953US

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See MPEP c		ION ELEMENTS  ning utility patent application contents.	ADDRES	SS TO: Commiss	Patent Appl loner for Pa 1450 la VA 22313	tents	U.S. F
Submit 2. Applica See 37 3. Specific (preferre - Descri - Cross - Staten - Referre or a cc - Backg - Brief S - Brief S	an original and a d ant claims small CFR 1.27. cation ed arrangement se iptive title of the inv Reference to Rela	[Total Pages 25]  If forth below)  vention  ited Applications and sponsored R & D  isting, a table,  isting appendix  tion  vention	8. Nucle (if app a b.	CD-ROM or CD-R in dupl Computer Program (Appe totide and/or Amino Acid dicable, all necessary)  Computer Readable  Specification Seque  i. CD-ROM or C  ii. Paper  Statements verifyin	endix) Sequence Form (CR ence Listing CD-R (2 cop	Submission RF) g on: pies); or	
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		19. CORRESPO	NDENCE AD	DRESS			
Custom	er Number:			OR Corre	spondence	e address be	low
Name	George Likoure	zos, Esq.					
		a, Farrell & Schmidt, LLP					
		llow Road, Suite 225	1 04-4 1		1 57. 6		
	Melville			w York	Zip C	11/3/	
Country	USA		Telephone (6	631) 501-5706	Fa	× (631)	501-3526
Name (Print/Typ	<sup>pe)</sup> Geø∳ge√Li	kourezos //	Registration	n No. (Attorney/Agent)	40,067		
Signature	1/20	se / win			Date	April 1, 200	)4

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL983568953US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 1, 2004



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PTO/SB/17 (10-03)

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## FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 569.00

Co	omplete if Known	1
Application Number	Unassigned	
Filing Date	Herewith	
First Named Inventor	Eilaz Babaev	
Examiner Name	Unassigned	
Art Unit	Unassigned	
Attorney Docket No.	1177-11CIPII (24149-10-CIP2)	1

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Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Name The Director Is authorized to: (check all that apply) Charge fee(s) indicated below
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Charge fee(s) indicated below Credit any overpayments  Charge fee(s) indicated below Requesting publication of SIR prior to Examiner action  1804 920* Requesting publication of SIR after Examiner action  1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action  1805 1,840* 1805 1,840* Extension for reply within first month  1. BASIC FILING FEE  Large Entity Small Entity Fee
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The Fee
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1002 340 2002 170 Design filing fee 385.00 1401 330 2401 165 Notice of Appeal
1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal
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1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding
SUBTOTAL (1) (\$) 385.00   1452 110   2452 55 Petition to revive - unavoidable
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE
Fee from 1501 1,330 2501 665 Utility issue fee (or reissue)
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee  Total Claims 36 -20** = 16 x 9.00 = 144.00 1503 540 3503 330 Plant insue fee
Independent 3 3 20 10 10 10 10 10 10 10 10 10 10 10 10 10
Multiple Dependent 200 00 =
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Fee Fee Fee Fee Description
Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20  8021 40 Recording each patent assignment per property (times number of properties)
1202 18 2202 9 Staints in Success of 2 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be
1204 86 2204 43 ** Reissue independent claims examined (37 CFR 1.129(b))
over original patent 1801 770 2801 385 Request for Continued Examination (RCE)
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 Request for expedited examination of a design application
SUBTOTAL (2) (\$) 144.00 Other fee (specify)
**or number previously paid, if greater; For Relssues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00

SUBMITTED BY (Complete (if applicable)) Registration No. Name (Print/Type) 40,067 ge Likourezos Telephone (631) 501-5701 'Attornev/Agent) Date April 1, 2004 Signature

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Dated:

April 1, 2004